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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE CPJ

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 10228632.9 06/26/2002

Verified CPJ

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/15/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>/CON P. TRAN/</u> <u>CPJ</u>	Examiner's Signature	Initials		

## ADDRESS

26574

## TITLE

Directional hearing given binaural hearing aid coverage

<b>FILING FEE RECEIVED</b> 1720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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